U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10473	2. Fiscal Year Covered From:		
,	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michael T Margui	Name IBEW Local #117		
	Labor Organization File Number $047-008$		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 765 Munshaw Lane	Street: 765 Munshaw Lane		
CityCrystal Lake	City Crystal ake		
State ZIP Code + 4 :6.0.0.1.4	State IL ZIP Code + 4 60014		
5. Position in labor organization.  Office (Treasurer)			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or ind rectly had any of the following interests [except as specified in the exclusions set forth in the instructions]:			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:	i i		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street .			
City			
The state of the s	e ere var an and and an and a var a		
State ZIP Code + 4			
Sign	Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Aus Uter	on 8:10.205 847-854-7200		
<i>/</i>	Date Telephone Number		

Name of Person Filing Michael T. Margui	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an-employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name IBEW Local 117 JATC	X X a. Labor Organization		
Trade Name, if any: Apprentice Training School	b. Trust		
P.O. Box, Bidg., Room No., if any	c. Employer		
Street 765 Munshaw Lane			
City Crystal Lake State IL ZIP Cod3+4 60014			
State   IL   ZIP Cod3 + 4   60014			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing		
Name ,	Trains Electrical Appre	entices .	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	Antopological Control of the Control		
Street	11.b. Approximate dollar value of such dealing.		
City	10 a. Natura of interest hold as income remained		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4		7.00	
to the service of the	the state of the s	7.00	
to the service of the	the state of the s	7.00	
to the service of the	the state of the s	7.00 	
to the service of the	Salary: \$70°  12.b. Amount.		
State ZIP Code + 4:	Salary: \$70°  12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	Salary: \$70°  12.b. Amount.  parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Salary: \$70°  12.b. Amount.  parts A and B above) or other thing of value.		
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